

Emergency Drought Action



STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT



For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☒ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY	
CHANGE No. <u>C5428272@2</u>	WRIA <u>49</u>
DATE ACCEPTED <u>05/03/01</u>	BY <u>[Signature]</u>
FEE \$ <u>10.00</u>	REC'D <u>05/04/01</u>
CHECK No. <u>009604</u>	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

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URG *3 of 3*

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Zaser & Longston, Inc., dba Keystone Fruit, L.L.C.	PHONE NO. (425) 562-7997	FAX NO. (425) 562-4785
ADDRESS 1802 136th Place N.E.		
CITY Bellevue	STATE Washington	ZIP CODE 98005
CONTACT NAME (IF DIFFERENT FROM ABOVE) Greg D. Zaser	PHONE NO. () SAME	FAX NO. () SAME
ADDRESS SAME AS ABOVE		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-28272P	RECORDED NAME(S) Zaser & Longston, Inc., dba Keystone Ranch
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

C5428272@2

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River		SW¼	NE¼	5	35 N.	27 E.		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan River				7	35 N.	27 E.	Gov't Lot 3 & 4	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Crop Irrigation & Frost Control	2.33 cfs	138.56	April 1 through Aug. 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Crop Irrigation Only	Irrigation	Portion	April 1 through Aug. 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The W½NW¼ of Sec. 4, T. 35 N., R. 27 E.W.M.							
Only a portion of the irrigation only rights to the above are to be transferred:							
Approximately 6 acres located within the W½NW¼ of said Sec. 4 known as							
Rock Haven.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
As much as 6 acres within the SE¼SE¼; AND that part of the SW¼SE¼ lying easterly							
of the County road; ALL in Sec. 12, T. 35 N., R. 26 E.W.M.; LESS road.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):


6. Remarks and Other Relevant Information:

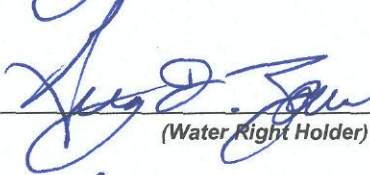
S4-28272P is for BOTH "Irrigation" AND "Frost Control". It is ONLY the "Irrigation" portion of this permit which is being transferred.

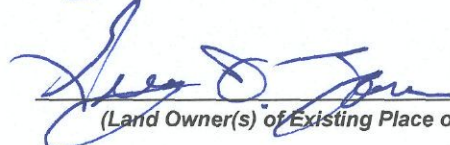
IF FOR SEASONAL OR TEMPORARY, START DATE 4 / 23 / 01 END DATE 8 / 31 / 01

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 _____ 4 / 30 / 01
(Applicant) (Date)

 _____ 4 / 30 / 01
(Water Right Holder) (Date)

 _____ 4 / 30 / 01
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

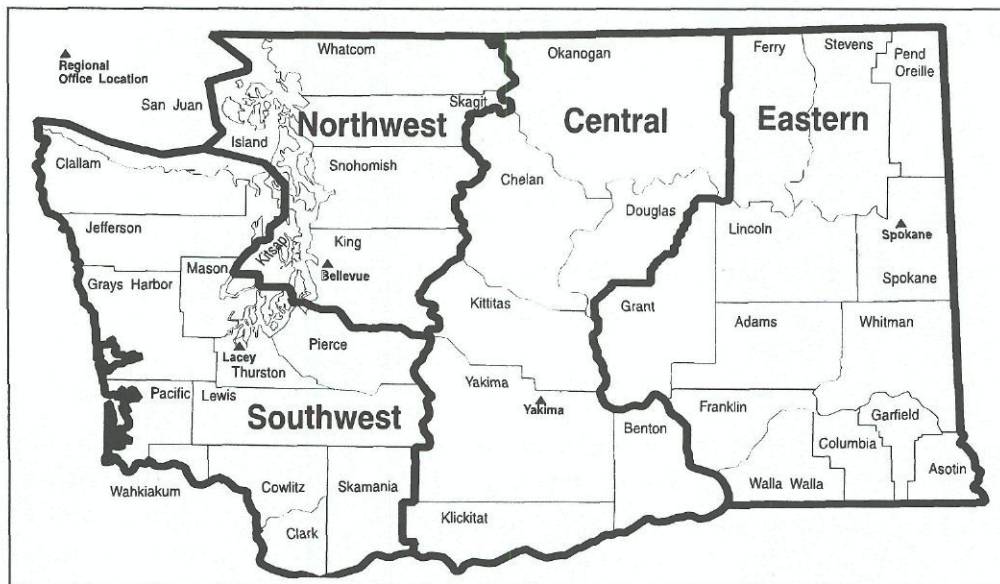
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima, WA 98902
Telephone: (509) 575-2490

Department of Ecology
Eastern Regional Office
N. 4601 Monroe, Suite 202
Spokane, WA 99205-1295
Telephone: (509) 456-2926

Department of Ecology
Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
Telephone: (425) 649-7000

Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

Ecology is an Equal Opportunity and Affirmative Action employer...